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ABSTRACT

This third report of the Massachusetts Governor's Commission on Gay and Lesbian Youth deals with problems faced by gay and lesbian youth as they attempt to access health and human services. To gather information, the Commission held five hearings across Massachusetts in the autumn of 1992. This report focuses on the testimony of gay and lesbian teenagers as compelling evidence of the need for change in the manner of provision of health and human services in Massachusettes public and private organizations. Problems faced by gay and lesbian teenagers are discussed in sections on: (1) suicide; (2) HIV/AIDS and sexually transmitted diseases; (3) violence; (4) runaway, homeless, and throwaway gay and lesbian youth; (5) substance abuse; (6) teen pregnancy; (7) minority gay and lesbian youth; (8) youth expressing nonconventional gender identities and behaviors; and (9) gay and lesbian youth and service provision. The Commission made recommendations for health and human services improvements in four areas. The first is training and education about the problems and health risks facing gay and lesbian youth. The second area is that of policies protecting the rights, safety, and health of gay and lesbian youth. A third area is service programs to address the health concerns of gay and lesbian youth, and the fourth is recommendations for professional organizations. An appendix contains the executive order establishing the Commission and a list of Commission members. (Contains 52 references.) (SLD)

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ED 419 032

PREVENTION OF HEALTH PROBLEMS AMONG GAY AND LESBIAN YOUTH

MAKING HEALTH AND HUMAN SERVICES ACCESSIBLE AND EFFECTIVE FOR GAY AND LESBIAN YOUTH

August 1994

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THE HEALTH AND HUMAN SERVICES REPORT OF THE GOVERNOR'S COMMISSION ON GAY AND LESBIAN YOUTH
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The Commission would also like to thank Christopher Bellonci, M.D., a leading practitioner in gay and lesbian youth psychiatry, for volunteering his time to work with the Commission on this report.

EXECUTIVE SUMMARY

FORMATION AND MANDATE OF THE NATION'S FIRST GAY AND LESBIAN YOUTH COMMISSION

Governor William F. Weld signed an executive order on February 10, 1992 creating the nation's first Governor's Commission on Gay and Lesbian Youth. Governor Weld and Lieutenant Governor Paul Cellucci formed the Commission in response to the epidemic of suicide by young gays and lesbians as revealed in a 1989 Federal report on youth suicide.

The Governor's Commission on Gay and Lesbian Youth is the first commission of its kind in the United States.

Prevention of gay and lesbian youth suicide, violence prevention, and prevention of problems faced by young gays and lesbians in school and in the family are central to the Commission's mandate. The Commission is empowered to make recommendations to the Governor, to state agencies, and to private agencies about the creation of programs and policies which will help gay and lesbian youth in Massachusetts. Abolishing prejudice and discrimination against gay and lesbian youth is a stated goal of the Commission as expressed by Governor Weld in the preamble of the executive order.

The Commission exists on an ongoing basis as an all-volunteer advocacy group, serving under the auspices of the Weld/Cellucci administration. The Commission is charged with making an annual report to Governor Weld.

HEALTH PROBLEMS AND RISKS GAY AND LESBIAN YOUTH FACE

This third report of the Commission is its **Health and Human Services Report,** entitled "Making Health and Human Services Accessible and Effective for Gay and Lesbian Youth."

In this report, the Commission addresses the problems faced by gay and lesbian adolescents as they attempt to access health and human services. To gather information, the Commission held a series of five public hearings across Massachusetts in the autumn of 1992. The hearings were held in Amherst on November 13, in Worcester on November 16, at the Massachusetts State House in Boston on November 17 and 18, and finally in Springfield on December 1. The hearings were open to the general public and to the media.

The Health and Human Services Report of the Governor's Commission on Gay and Lesbian Youth focuses on the testimony delivered by gay and lesbian teenagers as compelling

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evidence of the need for change in the manner of provision of health and human services in Massachusetts public and private organizations. This testimony forms the core of this report. National studies and professional articles are also cited, as well as surveys of local high school students' attitudes about gay and lesbian youth issues.

For the sake of format consistency, the Commission has chosen to use the phrase "gay and lesbian youth" to describe all youth who suffer from prejudice based on sexual identity. In reality, however, this term is meant to be inclusive of not only gay and lesbian youth but also of those who self-identify as bisexual, those whose dress does not conform to gender expectations, those who are themselves heterosexual but have gay and lesbian family members or those who are simply perceived by others to be gay or lesbian.

The report discusses the problems faced by gay and lesbian youth in the following sections and is followed by a full set of recommendations. Summary recommendations begin on the next page.

I. THE CHALLENGES GAY AND LESBIAN YOUTH FACE

A. Suicide

B. HIV/AIDS and Sexually Transmitted Diseases

C. Violence

D. Runaway, Homeless and Throwaway Gay and Lesbian Youth

E. Substance Abuse

F. Teen Pregnancy

G. Minority Gay and Lesbian Youth

H. Youth Expressing Non-conventional Gender Identities and Behaviors

I. Gay and Lesbian Youth and Service Provision

II. UNDERLYING CAUSES FOR HEALTH PROBLEMS OF GAY AND LESBIAN YOUTH

SUMMARY RECOMMENDATIONS

The Commission's recommendations for health and human services focus on four areas:

I. TRAINING AND EDUCATION ABOUT THE PROBLEMS AND HEALTH RISKS FACING GAY AND LESBIAN YOUTH

II. POLICIES PROTECTING THE RIGHTS, SAFETY AND HEALTH OF GAY AND LESBIAN YOUTH

III. SERVICE PROGRAMS TO ADDRESS THE HEALTH CONCERNS OF GAY AND LESBIAN YOUTH

IV. RECOMMENDATIONS FOR PROFESSIONAL ORGANIZATIONS

A full set of recommendations can be found on page 53.

I. TRAINING AND EDUCATION ABOUT THE PROBLEMS AND HEALTH RISKS FACING GAY AND LESBIAN YOUTH

The Commission urges the Secretary of the Executive Office of Health and Human Services and all state agencies to develop a plan to address and implement the following recommendations:

1. The Commission strongly supports the creation of a statewide education program to train youth workers to recognize suicide and suicide risk among gay and lesbian youth and how to counsel and prevent suicide and suicide attempts among these youth.

2. The Commission urges that as a condition of licensure, an individual who works with youth must have completed specific training in gay and lesbian issues.

3. The Commission strongly recommends training and education of all youth, as it relates to gay and lesbian youth, about: gender identity and sexual orientation, the "coming out" process, HIV infection, AIDS, hepatitis B and other Sexually Transmitted Diseases. These trainings would utilize homosexual examples so that gay and lesbian youth are included in the learning process.

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4. The Commission strongly supports the promotion of research studies to determine (1) the reasons for the high rate of multiple placements of gay and lesbian youth in out-of-home care, and the specific health and emotional needs of gay and lesbian youth served by child welfare agencies, (2) how to address the needs and improve the lives of throwaway, runaway and street working gay and lesbian youth, (3) methods of education about the prevention of HIV and AIDS among gay and lesbian youth, (4) why violence against gay and lesbian youth by family and peers exists and methods of addressing that violence in a way that does not blame the gay or lesbian victims, and, most importantly, (5) how to recognize risk factors for suicide by gay and lesbian youth and provide support services for those youth to prevent suicide and suicide attempts. Results from the research would be incorporated into developing programs that serve the youth population.

5. The Commission recommends that the Department of Education distribute information about the health problems of gay and lesbian youth and about counseling and support services available for these youth throughout the Commonwealth's school systems.

II. POLICIES PROTECTING THE RIGHTS, SAFETY AND HEALTH OF GAY AND LESBIAN YOUTH

The Commission urges the Secretary of EOHHS and all state agencies that provide services to youth in their work through contracts and with private agencies to endorse and implement the following recommendations:

1. The Commission recommends the addition of "sexual orientation" to nondiscrimination policies, by-laws, recruitment policies, client admissions, and program descriptions and the assurance that all policies and practices are supportive and inclusive of the needs of gay and lesbian youth.

2. The Commission urges that policies should be non-discriminatory in terms of same sex behavior.

3. The Commission strongly recommends that policies shall properly place responsibility for name calling, abuse and violence on the assailant, whether that assailant is staff or client.

4. The Commission recommends that policies support and protect the rights of gender non-conforming youth.

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III. SERVICE PROGRAMS TO ADDRESS THE HEALTH CONCERNS OF GAY AND LESBIAN YOUTH

These recommendations are addressed to public and private agencies that serve youth in Massachusetts:

1. **The Commission recommends that state agencies should provide support for gay and lesbian youth in the form of peer leadership community-based groups.**

2. **The Commission recommends that programs which place gay and lesbian youth with foster parents or guardians who have received sensitivity training and demonstrated sensitivity to gay and lesbian youth be developed and made available to gay and lesbian youth.**

3. **The Commission recommends that the following youth serving agencies and groups expand their services to gay and lesbian youth:**

   A. support groups and programs that help prevent gay and lesbian youth from abusing substances.

   B. statewide 24 hour suicide hotlines.

   C. treatment centers that provide both physical and emotional services for youth suffering from violence against them.

   D. violence victim support groups which provide counseling services to youth.

7. The Commission urges that programs be designed within existing youth service groups to provide counseling to gay and lesbian youth who are homeless, street youth or prostitutes to prepare them to leave the streets and live positive, fulfilling lives.

IV. RECOMMENDATIONS FOR PROFESSIONAL ORGANIZATIONS

1. The Commission urges professional organizations to endorse these recommendations, to develop a plan to implement them in their organizational policies and procedures, and to integrate them into training, education, and licensure of their members. Examples of such organizations are the Massachusetts Medical Society, the Massachusetts Psychiatric Society, the Massachusetts Association of Social Workers, and

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the Massachusetts Psychological Society.

INTRODUCTION

"We feel strongly that there is a tremendous need to address the difficult issues facing every gay and lesbian youth. Half a million young people attempt suicide every year. Nearly 30% of youth suicides are committed by gays or lesbians... We must abolish the prejudice and isolation faced by gay and lesbian youth. We need to help them stay at home and stay in schools so they can have healthy and productive lives."--- Governor William Weld, speaking at the swearing-in ceremony for the members of the Governor's Commission on Gay and Lesbian Youth on June 11, 1992.

HISTORY OF GAY AND LESBIAN YOUTH SERVICES IN MASSACHUSETTS

EARLY ORGANIZING

The history of youth service provision in Massachusetts, specifically for youth who are gay, lesbian, bisexual, trans-gender, or questioning their sexual or gender identities, is a recent one. Most of the programs available for gay and lesbian youth have been a result of the development by the adult gay and lesbian community of a growing network of social, political, educational, religious, and health organizations working to provide services and increase understanding about their lives. While this movement had its beginnings in the early organizations of the homophile civil rights movement of the 1950's and 1960's, historians point to the Stonewall Rebellion in June of 1969 in New York City as the beginning of the gay and lesbian rights movement after which specific programs for youth began to be created.

Some of the earliest organizations for gay and lesbian youth in this country began in Massachusetts. In the early 1970's the Homophile Union of Boston (HUB) sponsored a group called Boston Gay Youth; in the mid 1970's the Charles Street Meeting House provided space for a youth group called Project Lambda; and in the late 1970's the Arlington Street Church provided space for the Committee for Gay Youth (CGY). All of these groups were run by adult volunteers, and they provided discussions and social activities for their youth members.

BAGLY AND BEYOND

On July 31, 1980, the Boston Alliance for Gay and Lesbian Youth (BAGLY) was founded as a youth-run, adult-advised social/support group for youth age 22 and under who are gay, lesbian, bisexual, trans-gender, or questioning their sexual or gender identities. One of the group's purposes was to give its members a greater voice in the direction and development of their own group, differing from its predecessors in that it was led by a youth

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Steering Committee, with two adult advisors to provide support and assistance. BAGLY was founded on the principle of youth empowerment, and the development of peer leadership and organizational skills was an important part of the new organization's philosophy.

Over the last 14 years, BAGLY has developed into a nationally known model of peer leadership and adult service provision for gay and lesbian youth. Its programs and services include discussion meetings and a drop-in center, activities and special events, peer counseling, information and referrals, a newsletter, educational and career counseling, a toll-free 800 number, a speakers program and a support group for HIV infected youth. These services are offered in a non-exploitative environment which is free of alcohol and other drugs, physical and verbal violence and sexual activity. In addition, BAGLY's members have played an active role in the Massachusetts Department of Public Health's Protect Teen Health AIDS Prevention program, and have participated in a range of other peer education and community support services for youth throughout the state. Since 1980 over 5000 young people age 22 and under have received direct services from BAGLY.

In Massachusetts, the success of BAGLY has led to the development of a network of similar groups modeled on its programs across the state. These include the Supporters of Worcester Area Gay and Lesbian Youth (SWAGLY) in 1988; the Cape and Islands Gay, Bisexual, and Lesbian Youth (CIGBLY) in 1989; the Framingham Regional Alliance of Gay and Lesbian Youth (FRAGLY) in 1990; the Pioneer Valley Gay, Lesbian, and Bisexual Youth Project in Northampton in 1991; the Brockton Regional Alliance of Gay and Lesbian Youth (BRAGLY) in 1992; the Lesbian, Gay, and Bisexual Youth Group of Springfield (Out Now!) in 1992; the North Shore Alliance of Gay and Lesbian Youth (NAGLY) in Salem in 1992; and The Pride Alliance in Lowell in 1993. Plans are currently underway for the establishment of new groups in areas of the state where none currently exist.

The need for gay and lesbian youth to come together with their peers to socialize and receive support is critical. As will be detailed later in this report, isolation places young people dealing with sexual or gender identity issues at increased risk for a range of concerns including problems with families and peers, truancy and dropping out of school, homelessness, alcohol and other substance abuse, HIV infection and other sexually transmitted diseases, violence and suicide.

The effectiveness of gay and lesbian peer, social and support groups in ending feelings of isolation and helping young people come to terms with their identities is significant.

The great majority of youth who are gay, lesbian, bisexual, trans-gender or questioning their sexual or gender identities simply need a safe, supportive place where they can socialize and receive support from others like themselves. By normalizing the experience of their identities which had been previously viewed in negative terms, most young people coming to groups find that many of their feelings of isolation and low self-esteem improve or disappear.

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At the public hearings conducted by the Governor's Commission on Gay and Lesbian Youth, many youth spoke about the importance of social support programs for gay and lesbian youth:

> ***"there were so many people who had all these degrees and they couldn't help me. I came to Boston and I found BAGLY. Because of this organization, I began to grow. They loved me ... accepted me ... listened to me. That's all I really needed."***—Stevie Wilson, a 19 year old African-American gay youth.

> ***"Each time I thought of suicide, I was able to call on someone from the Concord Academy Gay Straight Alliance. Each time, I was reminded that homosexuality and bisexuality are not evil and wrong. Each time I was reassured, and I had to be reassured, that I was not a freak. And each time I chose to live."***—Sharon Bergman, an 18 year old graduate of Concord Academy.

Barry Callis, a graduate of BAGLY from the early 1980's, spoke about overcoming his eating disorders and finally coming out as a gay male: ***"Critical to this was the support and information I received from BAGLY. I finally called for help. Little by little I began to accept myself. I began to reject the negative messages I was telling myself."***

GAY AND LESBIAN YOUTH MOVEMENT COMES OF AGE

U.S. REPORT ON GAY AND LESBIAN YOUTH SUICIDE BRINGS THE ISSUE TO PUBLIC AWARENESS

In 1989 the U.S. Department of Health and Human Services issued a report on youth suicide which indicated that over 30% of all completed youth suicides each year are by gay and lesbian youth, and that gay and lesbian youth are 2 to 3 times more likely to have attempted or seriously considered suicide than their heterosexual peers.

Statistics in the report revealed that between 1950 and 1980, the suicide rate for youths aged 15 through 24 rose 170% as opposed to 20% for the total population. Five hundred thousand young people attempt suicide annually. **The report also revealed that suicide is the leading cause of death among gay and lesbian youth.** Paul Gibson, CSW, the author of the report, noted fear, isolation, and stigmatization are the major causes of the high suicide and attempted suicide rates. Alarmed by the findings of this report, members of the gay and lesbian community as well as health professionals began to call for greater efforts to meet the needs of gay and lesbian youth.

For individuals and organizations which had been providing services to these young people across the country, such findings were not new, but they served to focus attention on the concerns of gay and lesbian youth and to bring people together to work towards

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developing increased understanding, support and programs. Within only a few years, a national gay and lesbian youth movement had been born, and much of its significant work has been happening in Massachusetts.

HISTORY OF THE FORMATION OF THE NATION'S FIRST GOVERNOR'S COMMISSION ON GAY AND LESBIAN YOUTH

The Governor's Commission on Gay and Lesbian Youth had its origins in late 1989 with a bill written by the Coalition for Lesbian and Gay Civil Rights, immediately following the legislature's passage of the Gay and Lesbian Civil Rights Law. The Coalition for Lesbian and Gay Civil Rights filed legislation to create an advisory board focusing on gay and lesbian youth services. Representative Alvin Thompson (D-Cambridge) was the chief sponsor of the bill.

The legislation was refiled for the 1991 legislative session and came to the attention of the media on May 7, 1991, when Lieutenant Governor Paul Cellucci publicly endorsed the bill on behalf of himself and Governor William Weld. The bill passed the House in December, 1991, but died in the Senate at the close of the session.

Governor Weld at that point offered to create a commission by executive order; the commission would last throughout his administration. The order was drafted by the Coalition for Lesbian and Gay Civil Rights in consultation with the Weld administration. The executive order broadened the mandate of the original legislation considerably.

On February 10, 1992, Governor William F. Weld signed an executive order creating the Governor's Commission on Gay and Lesbian Youth, whose mission is to identify the needs and make recommendations to the Governor about providing for the safety and well-being of gay and lesbian youth throughout Massachusetts. On June 11, 1992, Governor Weld swore in the 27 members of the Commission, including two high school students, two parents of gay and lesbian children, three teachers and a number of human service professionals. Governor Weld urged the Commission to gather information and hold public hearings and to submit a report to him within a year.

While the introduction to this report provides details of the history and accomplishments of this commission, it is important to note that the establishment of the first ever state government body to focus exclusively on the issues of gay and lesbian youth provided a turning point for the promotion and development of services for these young people in this state.

Since 1992, Massachusetts has begun a number of initiatives which include services targeted to gay and lesbian youth. In particular, the Department of Public Health (DPH) works with the Sydney Borum Health Center to help many street or runaway youth address mental health and substance abuse issues. This program is specifically designed and sensitive to the issues faced by gay or lesbian youth. DPH also provides services targeted for gay and

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lesbian youth through: the Men of Color Against Aids program; YO-line (Youth Only Aids Info Hotline) which provides confidential information to at-risk adolescents; and community based health centers which offer a wide range of health services and prevention programs, and which provide adolescent health outreach, education and treatment appropriate to the needs of gay and lesbian youth.

Prior to the release of this report, the Commission has had successful initial responses from the Department of Public Health (DPH) and the Department of Social Services (DSS). The DPH, as a response to the Commission's independent recommendation for a peer leadership program, has developed as part of its Protect Teen Health program, a Lesbian and Gay Youth Initiative. This program consists of: (1) the development of a Training Manual on lesbian, gay and bisexual youth health issues, civil rights, and community development, which is being updated with plans for it to be published this year, (2) the training of Prevention Center adult staff, (3) the training of Peer Leaders, (4) conferences for Adult Service Providers, and (5) a retreat for lesbian, gay and bisexual identified youth.

The Department of Social Services (DSS) has convened a Gay and Lesbian Adolescent Service Work Group. This work group consists of representatives form the office of the Deputy Commissioner for Field Operations, The Policy Unit, the Training Unit, the Office of the General Counsel, the Foster parent Ombudsman and the Executive Director of the Foster Parent Association. The work group meets on a monthly basis to develop an agency wide strategy to meet the needs of this population.

In the fall of 1992 the DSS sponsored a symposium on Gay and Lesbian Adolescent issues. The program featured speakers from the Child Welfare League of America as well as adolescent psychologists and providers. Gay and lesbian adolescents shared their personal experiences.

Lastly, the Department of Mental Health, through its contract with Health and Education Services, Inc. in Salem, has developed counseling and outreach services particularly to assist gay and lesbian youth.

COMMISSION MANDATE

According to the executive order, the Commission has a broad mandate. Preventing suicide and preventing violence against gay and lesbian youth are its priorities, and it is also charged with working to end all forms of discrimination against youth who are gay or lesbian. The Commission reports directly to the Governor, meets regularly with three of his cabinet secretaries and makes recommendations to both public and private agencies about the creation of policies and programs to help gay and lesbian youth.

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The Commission is active on an ongoing basis, serving under the Weld/Cellucci administration. In the first year of its existence, Commission members have launched a statewide campaign to educate the public of Massachusetts about the problems of gay and lesbian youth and submitted Education and Higher Education reports with recommendations to the Governor. Commission members have made a variety of public appearances, speaking to teachers, human service professionals, youth groups and family groups, both in person and through the media.

THE COMMISSION'S PUBLIC HEARINGS: A VOICE FOR GAY AND LESBIAN YOUTH

In the fall of 1992, the Commission held a series of five public hearings to gather testimony from gay and lesbian youth, from teachers, from parents of gays and lesbians, and from human service professionals. The testimony from these hearings forms the heart of this report. An unprecedented number of gay and lesbian youth spoke out at these hearings, which were widely covered by the mainstream print media, by radio and by television. The result was to put a human face on the suffering of gay and lesbian youth and to bring their personal stories to the attention of Massachusetts citizens.

The hearings were statewide and offered regional diversity. The first hearing was held in Amherst on November 13 and the second was held in Worcester on November 16. The two largest hearings were held at the State House in Boston on November 17 and 18. The final hearing was in Springfield on December 1. A total of 90 people testified at these hearings.

The hearings, in addition to providing the testimony for this report, also crystallized the mission of the Governor's Commission on Gay and Lesbian Youth. The Commission is committed to giving an ongoing voice to Gay and lesbian youth, a voice in their schools, in their families and communities, and a voice to the media through the young people who have chosen to speak out publicly. The courage, honesty and pride of these young gays and lesbians continue to broaden public support and understanding of our work.

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SECTION I

THE CHALLENGES GAY AND LESBIAN YOUTH FACE

SECTION I

THE CHALLENGES GAY AND LESBIAN YOUTH FACE

The challenges facing lesbian and gay youth are not easy to quantify. They are as diverse and complex as the population. Nonetheless, the challenges are very real. **These difficulties are caused not by the youths' orientation but by society's response to them.**

Awareness of homosexual orientation begins to occur during childhood and becomes consolidated during adolescence. There is often an awareness of "differentness" during childhood. During adolescence that differentness develops into a sexual form. The testimony given supports the belief that gay and lesbian youth are aware of a difference during childhood which later becomes a consolidated identity:

> ***"Almost from the beginning I knew I was somehow different..I was always an outcast in school..all I needed to be told was that my feelings were normal and I wasn't the only one who felt them."***—Devin Beringer, a 17 year old gay male testifying at the public hearings.

For a gay or lesbian youth, sexual realization can be an extremely dangerous time. A young homosexual may not be ready or able to acknowledge his or her sexual orientation and may try to conform to heterosexual behavior. Some believe that the problems faced by youths who are gay or lesbian would be resolved if the youths would learn to conform to heterosexual norms and behavior, but the effect of trying to conform can, instead of the solution, be the cause of the problems gay and lesbian youth face.

> ***"The drugs made it easier. I didn't have to be there all the time."***—Stacey Harris testifying about her attempts to be heterosexual and pursue heterosexual relations prior to making numerous attempts to kill herself.

> ***"I had a girlfriend for three years and the whole time it was all a lie."***—Troix Bettencourt testifying about his attempts to be heterosexual before he was violently thrown out of his home.

> ***"Sometimes we make the assumption that if girls have kids they're heterosexual; The truth is that many are lesbian or bisexual and having kids because it's the only way they'll be accepted in the community."***—Vinnie Velasquez speaking before a Pediatric Grand Rounds at The University of Massachusetts Medical Center in Worcester.

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The stress of societal stigmatization results in gay and lesbian youth being more vulnerable to psychological problems such as chronic depression, substance abuse, school failure, relationship conflicts, or even being forced to leave their homes and having to survive on their own prematurely.[1]

> ***"I got kicked out of my house in July and at that point there was violence involved. My mother came at me with an iron and she called the police who started telling gay jokes. The officer told me what he would do with his kids if they were gay and told me I should leave. By that point I had come out to a lot of friends who seemed to support me. Unfortunately when it came time that I needed someone's support they would not help me because they were concerned about what people would think of them. I had nowhere to go."***—Troix Bettencourt, a gay youth testifying at the Public Hearings.

"Gay and lesbian youths frequently end up on the streets, either because they are thrown out of their homes or because they leave prematurely due to issues surrounding their sexual orientation."[2]

Gay and lesbian adolescents "are high-risk clients who are still under-served by child welfare agencies."[3] At least one author has claimed that "gay and lesbian people are the most under-served and marginalized population in the child welfare system."[4] These young people face rejection, isolation, verbal harassment and physical violence at home, in school and unfortunately within other structures which are designed to protect and shield them from negative influences.[5]

> ***"I went through a lot of services and no one really knew how to deal with a gay youth. My family paid for a lot of therapy and none of it worked. I was made to feel badly about myself."***—Stevie Wilson, an African-American gay youth.

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[1] P. Gibson, *Gay and Lesbian Youth Suicide* (Washington, D.C., June 11, 1986). Gary P. Mallon, "Serving the Needs of Gay and Lesbian Adolescents in Residential Treatment Centers," *Residential Treatment for Children & Youth* 10.2 (1992).

[2] Gary P. Mallon, "At Risk and Invisible," *Children's Voice*, Summer 1993.

[3] Child Welfare League of America, "Serving the Needs of Gay and Lesbian Youths: The Role of Child Welfare Agencies, Recommendations of a Colloquium - January 25-26, 1991," (Washington D.C., 1991).

[4] Gary P. Mallon, "At Risk and Invisible: Gay and Lesbian Adolescents in the Child Welfare System," *Children's Voice* 2.4 (1993).

[5] The Child Welfare League of America.

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"Not one doctor ever broached the subject of sexuality. They later informed me they were not equipped to deal with sexuality."—Stacey Harris, a lesbian youth who made multiple suicide attempts during her adolescence.

A. SUICIDE AMONG GAY AND LESBIAN YOUTH

In 1989, the United States Department of Health and Human Services issued a stunning report on youth suicide, with a chapter on gay and lesbian youth suicide. Pressure from anti-gay forces led to suppression, not only of the controversial chapter, but also of the entire report.

The report revealed that gay and lesbian youth accounted for approximately one-third of all youth suicides. Statistics in the report revealed that between 1950 and 1980, the suicide rate for youths aged 15 through 24 rose 170% as opposed to only 20% for the total population. This indicated an alarming rise in the suicide rate for all youth. Five hundred thousand young people attempt suicide annually; of these, gay and lesbian youth are two to three times more likely to attempt suicide than their heterosexual peers. The report also revealed that suicide is the leading cause of death among gay and lesbian youth. Because this chapter was considered controversial, only 3000 copies of the report were printed and distributed.

In response to sexual identity conflicts, hiding, internalized homophobia, conflicts with religious beliefs and other culturally defined sexual and social roles, a fear of HIV infection, and struggling to balance their lives in both a homosexual and heterosexual world, gay and lesbian youth face increased anxiety and extreme stress which could lead to suicidal ideation and attempted or completed suicides.[6]

In a survey of the existing literature on the subject of gay and lesbian adolescent suicide, one author found that the stress of societal stigmatization and the isolation which comes from feeling "different" results in gay and lesbian youth being particularly vulnerable to suicide. Several authors have studied this serious issue.[7] Existing statistics indicate that lesbian and gay youth may experience compelling feelings of self-destructiveness, which could lead to suicidal ideation and attempted or completed suicides.

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[6] J. Hunter and R. Schaecher, "Lesbian and Gay Youth," *Planning to Live - Evaluating and Treating Suicidal Teens in Community Settings*, ed. M. J. Rotherram-Borus, J. Bradley, and N. Obolensky (Tulsa: U. of Oklahoma P., 1990).

[7] R. F. Kourany, "Suicide Among Homosexual Adolescents," *The Journal of Homosexuality* 13.4 (1987).; T. Majeski, "Gay Youth Often Try Suicide, Study Shows," *St. Paul Pioneer Press* 31 May 1991: 15.; G. Remafedi, J. Farrow, and R. Deisher, "Risk factors for Attempted Suicide in Gay and Bisexual Youth," *Pediatrics* 87.6 (1991): 869-876.; E. R. Rofes, "Lesbian and Gay Youth Suicide," *I Thought People Like That Killed Themselves*, ed. E. R. Rofes (San Francisco: Grey Fox P, 1983) 181-200.; S. G. Schneider, N. L. Farberow and G. N. Kruks, "Suicidal Behavior in Adolescent and Young Adult Gay Men," *Suicide and Life Threatening Behavior* 19.4 (1989): 381-394.

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One study's findings indicated that over half of the lesbian and gay men who had attempted suicide had made the attempt at the age of 20 or below. Further breakdown of these figures indicates that 36% of the black lesbians' attempted suicides had occurred when they were 17 years old or younger, as had 21% of the white lesbians, 32% of the black gay men's and 27% of the white gay men's.[8] Moreover, a study of 66 randomly sampled psychiatrists' impressions indicates that the suicide attempts of gay, lesbian and bisexual youth are more injurious than those of their heterosexual counterparts.[9]

Gay and lesbian youth are often afraid of being rejected by their families and they frequently conceal their sexual orientation from their families to try to protect themselves. But this attempt to shield themselves and withhold information they would like to share with their loved ones can place the gay or lesbian youth under an insurmountable amount of pressure.

> **In some cases, when the pressure becomes insurmountable, the young person may attempt suicide as a means of revealing his or her sexual orientation to the family: the crisis of an attempted suicide and exploration of the reasons for the attempt will sometimes bring about disclosure.[10]**

A study of 137 homosexual and bisexual youth has documented the high incidence of suicide among this population and identified some characteristics that may reflect greater risk of suicidal tendencies in young males. In particular, this study indicates that young men with family problems and more feminine gender role characteristics seemed to be at highest risk.[11]

Research by Remafedi (1987) documents the relationship between homosexuality and sexual abuse, drug abuse, homelessness, prostitution, feelings of isolation, family problems, and school difficulties. Thirty-four percent of the 29 adolescents studied had attempted suicide. Half of those who had made an attempt directly related it to issues regarding conflict about their sexual orientation.[12]

The relationship of homosexuality to suicidal behavior was explored by questionnaire

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[8] E. R. Rofes, "Lesbian and Gay Youth Suicide," *I Thought People Like That Killed Themselves*, ed. E. R. Rofes (San Francisco: Grey Fox P, 1983) 36-48.

[9] Kournay.

[10] Hunter and Schaecher: 302.

[11] Remafedi, Farrow, and Deisher.

[12] G. Remafedi, *Young and Gay: Six Teenagers Describe Their Lives* (Minneapolis: U. of Minnesota, 1987).

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responses from 52 men in gay and lesbian college organizations and 56 men in gay rap groups. 19% of gay college men had attempted suicide as compared to the 6% of heterosexual college men; the mean age for the first suicide attempt was 16.3 years, the youngest attempt occurred at age 12. First attempts usually occurred while the men were "closeted" or following some form of rejection for being homosexual. These findings also suggest that suicidal behavior in gay youths may be the product of both familial factors that predispose youths to suicidal behavior and of social and interpersonal stressors involved in coming to terms with an emerging homosexual identity.[13]

As compelling as these facts, figures and conclusions are, they pale in comparison with the direct testimony heard by the Commission members. The personal accounts that were relayed speak not only of the tragedy of the loss of a loved one but they speak to the never ending pain suffered by those who remain.

Chris Muther, a young man who testified at the Public Hearings, talked about his best friend Richard who eventually killed himself after years of verbal abuse and violence during and after his high school years in Athol, Massachusetts. Muther spoke of his own enduring grief and the pain of Richard's family:

> ***"I know Richard's mother doesn't sleep very well anymore. She didn't sleep at all after he first died, staying up all night watching television or cooking and going to work full time. She's taking naps now, but I doubt she's slept a full night in the past year.***
>
> ***"Richard's older sister Karen is also having a difficult time. Shortly after her brother committed suicide, Karen told her parents she is a lesbian, which helped her, but she's still unable to deal with her brother's death. She told me she suffers from panic attacks and has been attending a support group for families of suicide survivors.***
>
> ***"The difficulty I can best tell you about is my own. When the shock first began to wear off last winter that Richard was gone, the pain and depression were almost overwhelming at times. I would come home from work early, get into bed, and cry for hours. I believed the pain would subside in time, but it hasn't. If anything, it has gotten worse.***
>
> ***"What would help my state of mind and help Richard's family would be to know that things are different now, that there are groups to help gay teens and young adults not just in Boston, but in almost every community across the state. To know that no gay teen will ever have to go through what Richard and I went through would be the best memorial to his death."***

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[13] Schneider, Faberow & Kruks.

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B. HIV AND AIDS AND SEXUALLY TRANSMITTED DISEASES AMONG GAY AND LESBIAN YOUTH

"You're not concerned so much about your own health when you're worried about just trying to fit in. I truly believe that if there was someone who could have told me about AIDS, I wouldn't be in this situation today. I also believe that it is very important to have support systems for gays and lesbians so they feel they belong...so they won't do the things that I did."—Donald Grant, 23, of Worcester who testified at the Commission's hearings about living with HIV and the harassment and isolation in high school that led to drugs, alcohol and risky sex from age 14 on.

Gay and lesbian youth may turn to drug or alcohol abuse as a means of coping with feelings of isolation, fear of rejection by family and friends, and uncertainty about what the future holds for them. There is a correlation between high risk behaviors such as drug/alcohol abuse, prostitution and sexually transmitted diseases such as HIV/AIDS.

The media and HIV prevention programs, in an effort to reach a mainstream audience, does not adequately address the needs of gay, lesbian, or bisexual youth about HIV/AIDS. The result is that education about self-esteem, social skills, and safe sex as it relates to gay, lesbian, and bisexual youth has been obscured in mainstream settings such as the typical high school or the majority of teen age arenas. Gay, lesbian, and bisexual youth may not be able to practice skills crucial to developing their good health and establishing systems of peer support for their emerging identities in schools which operate under the presumption that all adolescents are heterosexual.

The gay and lesbian community provides information about HIV/AIDS as it relates to gays, lesbians, and bisexuals in gay and lesbian social/cultural settings and gay and lesbian newspapers. The adult gay and lesbian population has been able to decrease its rates of seroprevalence through the information it provides to the gay and lesbian *community*. Adult gays and lesbians have developed programs and materials about HIV/AIDS that are germane to their culture. Moreover, many adult gays and lesbians have lost friends to AIDS and have adapted their behaviors to prevent becoming HIV positive.

The youth's experience is much different. Because of fear and prejudice the average gay, lesbian, or bisexual youth is generally not exposed to gay culture where newspapers and information about HIV/AIDS and sexually transmitted diseases as they relate to him/her are available. Most youth have not lost a friend to HIV/AIDS, and many youth believe that if they have sex with other youth, they are not susceptible. Youth in general often attempt to determine their sexuality by having both homosexual and heterosexual sex.

Gay, lesbian, and bisexual youth are often isolated from receiving information about HIV/AIDS via prevention programs and via media campaigns targeted toward their age group. **HIV infection poses as significant risk to youth and minorities in Massachusetts of exposure to risk behaviors.**

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Many gay, lesbian, or bisexual youth believe unprotected sex with gay or bisexual youth reduces the risk of HIV infection. However, HIV seroprevalence rates among gay or bisexual youth indicate that unprotected sex within this age group carries considerable risk. A study conducted by Givertz, et. al. found the following rates for unprotected sex in the San Francisco Bay Area among gay or bisexual male youth age 16-22:

African American	56%
Latino	40%
Asian/Pacific Island	27%
Caucasian	22%

Dr. Al DeMaria, Assistant Commissioner of the Massachusetts Department of Public Health, stressed the importance of education of gay and lesbian youth about the transmission of AIDS and other sexually transmitted diseases:

> *"While progress has been made in delivering risk reduction messages for the prevention of HIV transmission, and the number of AIDS cases reported in Massachusetts has levelled off in persons in the age group 20-29, there is evidence to suggest that transmission of HIV infection is occurring in high risk young people. Fifty percent of sexually transmitted disease is still reported in persons under the age of 24. This is an indication that young gay males and minority youth are at the highest risk of exposure for HIV transmission as well."*

Massachusetts should continue to emphasize the importance of targeted prevention messages. This is no time to become complacent, especially in light of recent rends in other states. The trends in other states as noted above often serve as a precursor to events in Massachusetts.

Street and homeless gay and lesbian youth face increased risk of contracting HIV/AIDS. The Centers for Disease Control (CDC) seroprevalence data from various clinical U.S. sites found an infection rate of 16% among homeless/runaway men who reported having intercourse with men. Other surveys have found that up to 70% of male youth who are on the street are gay or bisexual and have sex with men.

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C. VIOLENCE AGAINST GAY AND LESBIAN YOUTH

"But when he arrived that night in November 1989, there was something different about him...he was quiet. There was no spark in his eyes. When I asked him what was wrong he simply shook his head. Eventually, with tears in his eyes, he told me that he had been badly beaten up...He said as he was leaving the Athol Public Library earlier that week, two people were waiting for him, hiding in the back seat of the car...An arm came out of the dark, pulling Richard's neck tightly against his seat. Another arm came out of nowhere and began punching his ribs. Defenseless and scared, he could do nothing as he was beaten in his own car. When it was over, he was too ashamed to go home because his parents would see his black eye and bloody nose and he drove around in pain. He said he had no idea who had beaten him. The only word his attackers used was 'faggot.'"—Chris Muther, testifying at the Public Hearings about his friend Richard who committed suicide at age 22.

"The most frequent victims of hate violence today are blacks, Hispanics, Southeast Asians, Jews, and gays and lesbians. Homosexuals are probably the most frequent victims."—U.S. Department of Justice, "U.S. Department of Justice Report: The Response of the Criminal Justice System to Bias Crime: An Exploratory Review," 1987.

Gays and lesbians are frequently subjected to physical violence. During the course of the highly public debate concerning gays and the military, one gay sailor was murdered and Marines senselessly battered another gay man. Those incidents only highlight the violence that is a daily reality for gays and lesbians.

The victim recovery project at the Fenway Community Health Center in Boston, Massachusetts reports an average of 20 incidents of harassment and violence against lesbians and gays each month. The summer months indicate a higher than average prevalence of incidents of violence which is due to the fact that the typical assailant is out of school in the summer and more available to commit acts of violence against gays and lesbians. In one staff report, the Fenway Community Health Center concluded that gays and lesbians are eight times more likely than the average citizen to experience violence against them.[14] These findings are consistent with other studies.

A survey of 2,823 junior and senior-high school students in New York State found that respondents were negatively biased against gay persons, sometimes with threats of violence involved.[15]

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[14] Stephen LeBlanc, Robert Weinerman, and Joyce Collier, ed. "8 in 10: A Special Report of the Victim Recovery Program of the Fenway Community Health Center," March, 1991.

[15] New York State Governor's Task Force on Bias Related Violence.

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Gary Mallon, who conducted a survey of relevant literature, found that verbal harassment is almost a given for the gay or lesbian young person, but sometimes the verbal escalates into physical violence. Further studies have addressed issues of anti-homosexual violence against young people.[16]

In her 1990 study, Joyce Hunter documented the incidence of violent assaults against lesbian and gay male youth from 500 case records of youth seeking services at the Hetrick-Martin Institute. Her study demonstrated that 41% reported having suffered violence from families, peers, or strangers. Forty-six percent of the violence was gay-related. While documentation for this study was limited to physical attacks, the author notes that emotional and verbal harassment are even more common. Case vignettes revealed that physical attacks typically were preceded by an escalating sequence of emotional abuse, name-calling, verbal attacks, and threats of violence. In one case example, Hunter identifies gay and lesbian harassment in group homes and foster homes as a common phenomena:

> ***"Anna was angry and frequently became involved in arguments and fights, first at school and then in her several foster care and group care placements. Her anger was linked to insults and harassment for being a lesbian. This harassment was invisible to the group home counselor, who saw only Anna's angry response and perceived her as victimizing the other youth. Only when Anna attempted suicide did the counselor begin to notice her victimization by the other residents."***

Once again the testimony heard by the Commission provides the most compelling evidence of the meaning and effect of this violence:

> ***"One of my best friends was suspected of being gay. He was not gay, as a matter of fact. But at that suspicion, only that suspicion, he was beaten up every day at school. He was unable to attend classes many days. Sometimes he would go to class but only arrive at school and be beaten up during lunch or during study hall. Ultimately, his parents had him transferred to another school for his protection.***
>
> ***"And the shameful part for me was that while this went on I watched in silence. I kept my mouth shut, just let him be beaten. It's nothing I'm proud of, but I did what I had to do to protect myself because an example, a very very clear example was being set before me - that I couldn't stop people from their hatred. I could only join or protect myself from suffering the same fate."***—Chris Collins, 24, a University of Massachusetts, Amherst Student, testifying at the Public Hearings.

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[16] A. Kirtzman, "Lessons in Hate," *The Daily News* 22 April 1992: 23.; J. Hunter, "Violence Against Lesbian and Gay Male Youths," *Journal of Interpersonal Violence* 5.3 (1990):295-300.

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D. RUNAWAY, HOMELESS AND THROWAWAY GAY AND LESBIAN YOUTH

"I got kicked out of my house in July, and at that point there was violence involved. My mother went nuts and came at me with an iron. I ran downstairs and locked the door, she called the police. The police came and asked me what was going on. My mother started saying that I'm always in Boston with the fags...he (the police officer) started cracking all kinds of gay jokes and told me that I should leave... There are hundreds of kids that go through the same thing I went through, and the whole time I wonder how many kids are out there that we don't even know of."—Troix Bettencourt, 17, testifying at the Public Hearings.

Gay and lesbian youth are often expelled from or prematurely leave their homes for revealing their sexual orientation and as such are at high risk for homelessness. Research on a group of adolescent gay males found that 50% reported negative parental responses when they revealed their sexual identity. Twenty six percent were forced to leave home because of their sexual orientation.[17]

A 1990 study identifies the problems of runaway youth. Street kids are defined as young people who run away several times and have now lived on the streets long enough to have internalized a view of themselves as street kids. These are youth who do not seek out social services for help as most of them have been in the child welfare system or are still in the official custody of the state and believe that the system gives them nothing of value. Many of these young people are lesbians or gays and struggling with their sexual identity.[18]

The Streetwork Project in New York City's Time Square area, a project of Victim's Services, conducted three separate studies involving a total of 235 youth, over a three year period (1987-1990). The results showed that:

- 42% of the street youth reported that they were lesbian, gay or bisexual.
- 73% reported that they were engaged in prostitution
- 57% reported that they had been in a foster home or group home

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[17] G. Remafedi, "Adolescent Homosexuality: Issues for Pediatricians," *Clinical Pediatrics* 24.9 (1985): 481-485.; J. Bucy and N. Obolensky.; G. Kruks, "Gay and Lesbian Homeless/Street Youth: Special Issues and Concerns," *Journal of Adolescent Health* 12.7 (1991): 515-518.; Mallon, (1992a, 1992d); Savin-William, (1988); Remafedi, (1987); Rotheram-Borus, Rosario & Koopman, (1991) have all documented the experience of the runaway, street, or homeless gay and lesbian youngster.

[18] Buce & Oblensky, 1990.

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* 87% reported an involvement with drugs.[19]

Gay male youth who have been forced out of their homes because of their sexual orientation are more likely to engage in survival sex than their non-gay male counterparts.[20] Other studies collected similar or more drastic data. Steve Obuchowski testified at the Public Hearings about how he lived as a prostitute during his sophomore and junior years of high school:

> *The only way I could deal with being gay was to draw inside myself. I felt that I was the only person my age who was gay. I was manipulated by this man into being a prostitute. It was the only place I felt safe and protected. I had to deal with attacks on myself..the death of another boy and several rapes. When I told them I was leaving, I received death threats.*

Youth who feel that they are not understood, or find that their needs are not being addressed, often leave care, joining a significant and growing population of gay and lesbian street kids. Adolescents with a history of multiple placements often leave unsatisfactory settings when they conclude that the streets meet their needs better than the service system.[21]

Many gay and lesbian youths, rejected by their families, simply leave home. They run, but often there is no place go. If they do not get hooked into prostitution, they become wards of the state and they are placed into foster care.

Foster families are often no more prepared or willing to deal with a gay or lesbian adolescent than was his or her biological family. So the youths run again. This time they may be placed into residential or group homes. If these homes are not prepared or able to deal with the issues of lesbian and gay youth, the youths run again. This time the street may be their final destination.

Once gay and lesbian youth leave their home/foster home and they begin to live on the streets they often become prostitutes to survive. In a two year study of adolescent male prostitution in Seattle, Boyer (1989) interviewed and observed 47 male prostitutes. Of this sample, 70% identified themselves as either homosexual or bisexual. Most reported that they prostituted as a means of survival. Coleman (1989) reviews the current research literature regarding male-juvenile prostitution activity. In fact, Coleman notes, "many observers believe that the experiences of running away and juvenile prostitution are closely related.

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[19] Victim Services/Traveler's Aid, 1991.

[20] Kruks, 1991.

[21] Athey, 1991; Holdway & Ray 1992; Zide & Cherry. 1992.

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E. SUBSTANCE ABUSE AMONG GAY AND LESBIAN YOUTH

"During summer college break in 1991 I got a call from one of her friends saying that I should come and pick "Opal" up because 'She took drugs.' When I went to get her she was extremely high and babbling... On the way home I asked her what was making her do this... I asked, 'Are you gay?' She didn't respond so I repeated my question and she said 'Yes.' I took her home and stayed up all night with her telling her how much I loved her and that being a lesbian didn't make any difference to me. I was scared for "Opal's" mental health - was this a suicide attempt?"—from testimony submitted by a mother about her daughter "Opal" who committed suicide at age 19.

Alone, isolated and frightened, deprived of support and understanding many, gay and lesbian youth find solace in drugs and alcohol. These substances are used to curb the pain. They often provide a means of identifying with other youths in a group activity.

A San Francisco area study of gays and lesbians found that:

* 18% of lesbians and bisexual women and 31% of gays and bisexual men used alcohol and/or other drugs at the highest risk levels established by the survey.

* 30% of lesbians and bisexual women and 40% of gay and bisexual men used drugs other than alcohol.[22]

This high rate of substance use and abuse has been linked with non-acceptance of one's own homosexual orientation. A survey of gay men recovering from alcoholism found that none of the men saw being gay as positive and that they only accepted being gay as a positive thing after they became sober.[23]

Gay and lesbian youth who testified before the Commission at the Public Hearings spoke eloquently of substance abuse among gay and lesbian youth.

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[22] EMT Associates (1991), San Francisco Lesbian, Gay and Bisexual Substance Abuse Needs Assessment, Executive Summary." EMT Associates, Inc., 3090 Fite Circle, Suite 201, Sacramnto, CA. pp 2-3.

[23] Kus, Robert J., RN, PhD (1988). Alcoholism and Non-Acceptance of Gay Self, Journal of Chemical Dependency Treatment, Vol. 2, No. 1, Hawthorne Press, p. 25.

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"Self-hatred is what causes the outrageously high rates of suicide and drug abuse among gay youth. I've spent more than one lonely night sobbing while downing shot after shot, and I've also planned out my suicide more than once."—Devin Beringer, a seventeen year old who testified before the Commission.

"I overdosed and was hospitalized 31 days. I didn't believe I was gay at the time, and there were no positive (gay or lesbian) role models." —David Parco, testifying at the Public Hearings.

There can be no escaping the conclusion that substance abuse is often the result of the internal conflict faced by the lesbian and gay adolescents. It may also be a telling warning signal of the serious emotional distress that these youths are experiencing.

F. PREGNANCY AMONG LESBIAN YOUTH

"Sometimes we make the assumption that if girls have kids they're heterosexual. The truth is that many are lesbian or bisexual and having kids because it's the only way they'll be accepted in the community."—Vinnie Velasquez speaking before a Pediatric Grand Rounds at The University of Massachusetts Medical Center in Worcester.

Teen pregnancy would seem on the surface to be an issue that lesbian and gay youth would not have to face. Youth-serving professionals who work with teen parents know otherwise. As this report has illustrated, growing up lesbian is difficult. There is enormous pressure to conform and be accepted. Lesbian youth who are coming to terms with their sexuality may be under tremendous pressure to act out sexually with the opposite sex.

> **Families and friends pressure the gay and lesbian youth to engage in heterosexual relationships. For family and friends, as well as for the youth, a heterosexual relationship would signify that s/he is actually heterosexual. For some lesbians, an intentional or unintentional pregnancy may be the way to cope with the multiple pressures. An intentional pregnancy can result from a need to meet parental expectations and to hide one's homosexual orientation from parents. Some young girls seek to find their femininity and believe that pregnancy will accomplish this. Sometimes the sexual contact is experimental, and pregnancy results from a failure to use proper contraceptive methods. A few lesbians believe the myth that they are incapable of having children by the mere fact that they are homosexual.[24]**

Young lesbians often find family support in coping with pregnancy and teen parenthood that they don't find when revealing their sexual orientation. In many cases there may in fact be a sense of relief that the lesbian youth appears to be acting heterosexually.

Once pregnant, however, these young lesbians immediately face the twin crises of looming parenthood and the realization that their lesbian orientation remains unchanged. Often they will attempt to sort out these conflicts with no support. Pregnant and parenting teens who do reach out for support from youth-serving professionals often find them ill-equipped to offer assistance. One Latina lesbian teen mother submitted testimony to the Commission describing the different challenges she faced. They included: no role models, no support groups, being seen as an unfit mother because

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[24]. Hunter, Joyce & Schaecher, Robert (1990). *Lesbian and Gay Youth, in Planning to Live: Evaluating and Treating Suicidal Youths in Community Settings*.Edited by Rotheram-Borus M, Bridle J, Obolensky N. Tulsa Oklahoma, University of Oklahoma Press, pp. 305

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of her sexual orientation, feeling isolated and alone, and having the minister she turned to for help recommend an exorcism to "cure" her.

G. MINORITY YOUTH WHO ARE GAY OR LESBIAN

"When I was younger, I guess I didn't fit in with anybody just because of who I am."—Stevie Wilson, an African American gay youth testifying at the Commission's Public Hearings.

Gay and lesbian youth who are also members of minority groups can experience more intense feelings of aloneness and isolation.

Minority youth may find a range of responses. Some will find supportive and nurturing homes and environments. Some will define support systems outside the home, and others may find coming out a difficult experience. The experiences of gay and lesbian youth from minority communities can be different from those of non-minority gay and lesbian youth.

The multiple stresses on lesbian, gay and bisexual youth of color and their families are reflected in a study which found higher attempted suicide rates among black lesbian and gay youth.[25] When youth attempt to stick it out at home, they then find their sexual orientation as the focal point of many family arguments. There is also evidence that their personal trauma becomes the family's trauma. **A survey of predominantly black and Latino youths found that 38% of the youth surveyed attempted suicide, 17.3% of their family members had attempted suicide, and 12% had completed suicide.[26]**

Some minority youth may experience stigmatization and isolation faced by gay, lesbian and bisexual youth because of cultural factors. These factors include the familial expectations of an individual's role within the family and the community, rigid gender role expectations and strong religious and/or cultural biases against gay men and lesbians. ***"It was very hard to come out in my culture given our religion and the criteria for what a woman should be."***---Vinnie Valasquez, a young Latina woman.

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[25]. 1. Bell and Weinberg found that 36% of black lesbians compared to 21% of white lesbians and 32% of black gay males compared to 27% of white gay males attempted suicide before 18. (Bell, A. and Weinberg, M. (1978) *Homosexualities: A Study of Diversity Among Men and Women*. New York: Simon and Schuster.

[26]. Rotherham-Borus, Mary J., PhD, Hunter, Joyce, MSW, and Rosario, Margaret, PhD (1992). *Suicidal Behavior and Gay-Related Stress among Gay and Bisexual Male Adolescents* . Division of Psychiatry, Columbia University, New York.

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The institution of the family is highly central to communities of color. The prominence of the family as a force in the individual lives of youth of color creates a variety of expectations and roles to be filled by them in their families and communities. This is very evident in the experiences of young Latinos.

> ***"Within the Latino community there are a variety of roles depending on your place in the family structure. These expectations include: older siblings are expected to take on the roles of their parents when the parents are not around; the males in the family are expected to look out for the female members of the family; and the rigid gender role expectations. Gay and lesbian Latino youth who are unable to live up to these expectations are often viewed as bringing pain and betrayal to the family."***---Leopoldo Negron-Cruz, a Latino gay youth serving professional.

The stigma attached to non-compliance with familial expectations often leads gay and lesbian youth to remain deeply closeted. This in turn further contributes to their isolation and low self-image. Young Latinas may become pregnant and have a child which will create a socially sanctioned reason for leaving the home. Young Latino gay males may feel it necessary to perform heterosexually and even get married in order to fit in within their community.

Real or imagined parental rejection is a particular problem for gay and lesbian youth in communities of color. Many parents may view AIDS and gay as synonymous; others may express deep disappointment that the gay or lesbian youth will not live up to the family's expectations.

In some extreme cases the parents may even wish their son or daughter were not alive so they wouldn't have to deal with the issue. An example of this extreme reaction was provided by Jose Rivera, who said that his previously caring mother stated, "(her son) would be better off dead than gay" after he came out to her.

The reaction of Jose Rivera's mother in wishing her son was dead, typifies the problem as does the reaction of a minister described by a young Latina who submitted testimony to the commission:

> ***"I went to my minister for support and he wanted to perform an exorcism to get the devil (homosexuality) out of me."***

A rigid family and community environment often leads to youth leaving home once his or her sexual orientation becomes known.

Vinnie Velazquez, a Latino woman who grew up in a rigid household, described her experiences as a lesbian:

> ***"All the doors were closed for me. I ended up on the streets at 16 and a half."***

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If youth of color succeed in escaping the oppression they face, they may encounter yet another problem: the lack of visible support and role models in the wider gay community. Jose Rivera described this feeling as being "*isolated from their communities*" and "*having to live with people who don't accept their culture.*"

H. YOUTH EXPRESSING NON-CONVENTIONAL GENDER IDENTITIES AND/OR BEHAVIORS

One of the major tasks of adolescence is the search for identity and individuation as one matures. All young people may explore a variety of gender roles or behaviors in an attempt to define who they are in relation to family, peers, and community. Although for some adolescents this is a stage of development which will change with time, for others this diversity of gender expression is a central part of their identities and roles throughout their lives.

There are a variety of terms which have been used to describe gender identities and roles which are considered non-conventional by this culture's standards. The term **transgender** is a broad category which includes any person whose identity and/or behavior crosses the lines of what is culturally defined as appropriate feminine or masculine expression.

Although gay and lesbian youth reflect the same range of gender identity and behavior as their heterosexual peers, for many of these young people diversity of gender presentation can be a positive way of expressing their sexuality and affirming their identities to themselves and to others. For other youth, regardless of their sexual orientations, the identities and expressions of such youth subcultures as punk/alternative, heavy metal, and hip hop may provide a way of finding a group to which to belong, and/or a sense of acceptance of diversity and freedom of expression.

For youth from cultures in which gender roles are rigid and narrowly defined, cultural stereotypes and expectations about gay and lesbian people may provide a social role resulting in at least a small amount of acceptance.

> *"The only way I could survive as a young gay male was to act like a woman; to act differently would have meant physical violence."*— Jose Rivera, a latino gay male, commenting on the gender expression confusion he experienced as an adolescent.

In this culture, there is a great deal of misunderstanding and intolerance about people whose sexual and/or gender identities are perceived as different from the norm. For transgender youth, regardless of their sexual orientations, their greater visibility often places them at increased risk for many of the problems discussed in this report, including experiences of isolation, being thrown out of homes or schools, alcohol and other substance abuse, sexual exploitation, HIV and other sexually transmitted diseases, violence, and suicide. In addition, these young people often encounter further ignorance, insensitivity, and discrimination when seeking services to help them in dealing with these problems.

> *"After I was beaten up by a group of boys calling me names, I went to a doctor for a physical exam. His attitude seemed to be that I had done something to provoke the attack because of the way I acted and dressed. I felt like I had been victimized all over again, and I never went back."*— "Chris," a 19 year old transgendered member of the

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Boston Alliance of Gay and Lesbian Youth (BAGLY).

For youth serving professionals, one of the challenges in seeking to provide services to gay or lesbian youth who are transgendered or questioning their sexual or gender identities, is to help these young people to explore and understand their feelings in the context of a healthy adolescent development. Through the creation of an atmosphere of safety and support, young people who are perhaps the most vulnerable of all due to societal attitudes about non-conventional gender expression will be able to have access to the health and human services which are critical to the well-being of all youth.

I. GAY AND LESBIAN YOUTH AND SERVICE PROVISION

The state child welfare agencies have the acknowledged responsibility of caring for those youths who are unable to be cared for at home.

> *"We have always had gay adolescents, though they were often invisible. They said nothing about it and neither did we. Then the kids started openly stating they were gay, and suddenly we didn't know how to respond."*—a quote from a youth services provider.[27]

Youths are placed in a variety of settings depending on their needs as determined by the state. Generally, the preferred placement is one that most approximates family life. If the needs of a child become more severe or if the child presents a greater risk to himself or to others, group care or residential facilities may be employed.

Gay and lesbian adolescents have frequently not been provided with the kind of services and understanding that they truly need. Stigmatization of lesbian and gay adolescents and their lack of access to appropriate child welfare settings have evolved from decades of fear, misinformation, and the mistaken belief that the existing youth system is prepared to deal with the needs of gay and lesbian youth. While gay and lesbian youth are not totally denied access to care, the lack of appropriate program planning makes their lives in many of these settings intolerable, impelling them in some cases to turn to the "safety" of the streets.

These facilities have been providing services to gays and lesbians as long as they have been in operation. The programs, generally by their own admission, have not, however, identified the particular problems of this population nor have they offered programs to meet their needs.

Gay and lesbian youth often have negative experiences when they are placed in out-of-home care settings because their feelings of difference are aggravated by the attitudes of those around them, including other children and staff members.

Staff who work at facilities where gay and lesbian youth receive services often lack training and are unprepared to deal with the needs of gay and lesbian youth. Adolescents are often separated when either gay or straight adolescents engage in homosexual behavior. Facilities often have no policies about addressing gay and lesbian youth who engage in either heterosexual or homosexual experiences.

For those adolescents who are involved in, or who have gone through the coming out process, residential placements can be places of torment, rather than places of solace.

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[27] Schneider 1988: 13.

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Gay and lesbian youngsters in out-of-home care settings, like most youngsters who live in them, have painful family histories, often having experienced serious maltreatment.[28] Many of these young people have come into placement because they have been thrown out of their homes when they revealed their sexual orientation, or they have left voluntarily and prematurely because of their isolation, confusion, or shame about their sexual orientation.

In New York City, the Human Resources Administration's Child Welfare Administration ranks homosexual adolescents high on their list of so-called "hard-to-place children." One reason for this is that many of the placement services in New York City are purchased from sectarian agencies where moral attitudes toward homosexuality preclude program planning for the homosexual adolescent. Another reason is that child welfare professionals have not been trained in how to deal with gay and lesbian matters. Many social service agencies are uncomfortable with - or completely unprepared for - dealing with these youth. Many still believe that if their agency offers services to homosexual adolescents, it will be viewed as promoting homosexuality. Other more informed and gay-affirming agencies simply need help in learning how to handle a young person's sexual identity.

This population is so unacknowledged, that many agencies, despite statistics, are convinced that they do not have any gay or lesbian youngsters in their agencies.[29]

In a highly persuasive article, "Gay and No Place to Go: Assessing the Needs of Gay and Lesbian Adolescents in Out-of-Home Care Settings," Gary Mallon concluded:

> Lesbian and gay adolescents in out-of-home care settings are entitled to the same quality of professional treatment as is available to all other children in care, but most often have had to endure name-calling and harassment by peers, and, unfortunately, sometimes by staff members as well. At times, the verbal harassment can escalate into physical violence or even rape. Finding life in such a setting to be intolerable, and finding little protection or intervention available from staff members, some lesbian and gay youths make a conscious decision not to tolerate the abuse and fight back. It is at this point that they are usually labeled as "provocative" or "aggressive" and discharged, limiting their chances of admission into another facility.
>
> Verbal harassment or physical violence, ordinarily not tolerated by workers in out-of-home care, may be permitted or even encouraged by some staff members when it is directed to the lesbian or gay resident.

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[28] COFCCA, 1993; Dugger, 1992a, 1992b, 1992c, 1992d, 1992e; Festinger, 1983; HRA, 1992; Kudushin & Martin, 1988; & Sheehan, 1993a, 1993b.

[29] CWLA, 1991.

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All children are entitled to the best possible placement if they cannot live with their own families. Yet gay and lesbian youth are seldom placed in such settings because they are not welcome in those that do exist. **The solution does not lie in creating separate programs for gay and lesbian children, it lies in holding child welfare agencies accountable for caring for all children placed with the programs.**

Historically, gay and lesbian youths have not met with success in residential facilities due to a lack of sophistication in the management of this group of adolescents as well as to an often hostile peer environment. This can result in isolation and even victimization.

All of the factors discussed in relation to residential placements apply with equal force to other social service programs. Whether it is mental health counseling, or health care; or a program for the deaf or the physically challenged, if adolescents are served, gays and lesbians are part of the client population. Yet these programs are neither geared towards recognizing the particular needs of gay and lesbian youth nor are they prepared to offer appropriate services, nor to offer general services in an appropriate way.

Gay youths typically do not have ready access to health care that recognizes and addresses their concerns. Almost three-quarters of gay male youths prefer to attend a public health or gay venereal disease clinic than visit their private physician because they can be treated anonymously and without fear that their parents would be notified about their health status.[30]

Deaf gay and lesbian youth, who have need of gay or lesbian information and services, often find that resources are scant and difficult to access and information is unavailable:

> "The problem is that there are many (deaf) schools here (which are homophobic) and they suppress (gay and lesbian) information. Deaf gay and lesbian youth are afraid to come out because the teachers and administrators do not accept the idea of gay students in their school. There's a kind of oppression there."—Paul White, a young deaf man, testifying at the public hearings about the suppression of gay and lesbian topics and information at the school for the deaf he attended.

There is a lack of training about gay and lesbian youth issues for family therapists, school guidance counselors, and other workers in the mental health and special needs profession. Dr. Christopher Bellonci, a leading practitioner of gay and lesbian youth psychiatry, submitted written testimony:

> ***"It's scary to think that many gay and lesbian youth will be treated by so-called professionals who still believe homosexuality is inherently deviant and must be cured.***
>
> ***"I would like to relay a real life gay and lesbian youth therapy situation to the***

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[30] Remafedi, 1987.

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Commission. I was in supervision once with an analytic child Psychiatrist who, as soon as he learned of my interest in gay and lesbian adolescent psychiatry, began to ask me questions. I suggested some books for him to read and he began to carry them with him and leave them on his desk during therapy sessions.

Over the course of the next few weeks, two adolescents who had been working with him for several years came out to him. It totally revamped the work they were doing in the psychotherapy and for the first time he had insight into the basis of the psychological conflicts. He would never have gotten to this information without giving a signal (in this case an inadvertent one) that he was someone they could talk to about being gay.

Psychiatrists are treating gay and lesbian kids all the time only they don't know it because they don't make it safe for kids to talk about. And often without this knowledge, they ultimately can't help the youth they're seeing."

SECTION II.

UNDERLYING CAUSES FOR HEALTH PROBLEMS OF GAY AND LESBIAN YOUTH

II. UNDERLYING CAUSES FOR HEALTH PROBLEMS OF GAY AND LESBIAN YOUTH

A. STIGMATIZATION

The testimony of gay and lesbian youth in the Commonwealth identified underlying causes that put gay and lesbian youth at risk for a variety of reasons. The root of the problems faced by gay and lesbian youth is a society that discriminates against and stigmatizes homosexuals while failing to acknowledge that a substantial number of its youth has a gay or lesbian orientation.[31]

The most basic commonality is that gay and lesbian adolescents identify themselves with a minority they feel is scorned and hated. They have realized that they too are members of a group that is despised and rejected by family and friends. This knowledge is frightening. To discover one's innate difference at a developmental stage when one desperately wants to be accepted is even more overwhelming. But the cause of the fear is not the simple fact of inescapable difference; the fear comes from the identification with the scorned group.

The harm done to gay and lesbian adolescents by the stigma attached to the gay and lesbian communities is incalculable but it is measured in part by the statistics of suicide and substance abuse. The Child Welfare League of America has noted that:

> "the intolerance and negative attitudes towards homosexuals (homophobia) are often the major source of the stress experienced by gay and lesbian adolescents."[32]

Hetrick and Martin wrote of the harmful impact of stigmatization on the development of gay and lesbian adolescents:

> There is no evidence that homosexual and heterosexual adolescents are different in their progress through general biological and cognitive changes. It is in the area of psychological and social development that the homosexually oriented adolescents must deal with issues different from those of the heterosexually oriented adolescents . . . The homosexual adolescent is faced with the task of examining the values of society which universally condemns his or her new role. . . The fact of stigmatization creates situations and problems that must be resolved.[33]

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[31] Gibson

[32] CWLA, p. 5.

[33] Hetrick and Martin, 1987.

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The impact of the stigmatization is felt by adolescents in virtually every aspect of their daily lives from the years of being called "fag" or "dyke," (terms that are tolerated in the media), to the overt discrimination that is commonplace in schools and programs.

B. ISOLATION

"When I realized that my own family couldn't accept me, my own flesh and blood, I thought, why should I expect the rest of society to cut me any slack? I felt hopeless, disillusioned and worthless. My own family . . . how could they do that to me, be so cold, so uncaring, it was as if they were saying they didn't care if I lived or died? I don't think I'll ever get over that."—Troix Bettencourt, a gay youth, in testimony submitted to the Commission.

One of the universal truths about lesbians and gays is that they have learned something about themselves. They have come to a self-knowledge that is both extremely personal and very painful. They have learned that they are different, in a fundamental way, from their families and from their peers. And they have learned that the difference is something that could cause social ostracism and rejection. As a result, gays and lesbians frequently isolate themselves from the surrounding world. Knowing of their difference, they choose to hide and not reveal their difference.

The stress and isolation which comes from hiding, makes the gay and lesbian youngster more prone to other psychological problems such as: low self-esteem, chronic depression, hopelessness, helplessness, detachment from family and friends, feelings of worthlessness, poor coping mechanisms, impulsivity, relationship conflicts, and being forced to leave home and having to survive on their own prematurely.[34]

> "Adolescent suicide attempts result from the adolescent feeling that s/he has been subject to progressive isolation from meaningful social relationships."[35]

Isolation is a significant cause of the problems encountered by lesbian and gay adolescents. A survey found that 80% of gay and lesbian youth reported severe isolation problems.[36] They experienced social isolation (having no one to talk to), emotional isolation (feeling distanced from family and peers because of their sexual identity) and cognitive isolation (lack of access to good information about sexual orientation and homosexuality).

Family members often contribute to deepening the isolation of gay and lesbian youth. The story of another youth demonstrates the negative ramifications of isolation. The young man heard taunts from his family that "next thing you know he'll be hanging out in Times Square with the other queers." It was not the first time that he heard Times Square mentioned and

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[34] Hunter and Schaechter

[35] J. Jacobs. Adolescent Suicide, 1971.

[36] These statistics and findings were based on data collected by the Hetrick-Martin Institute for the Protection of Lesbian and Gay Youth in New York.

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feeling perhaps this was the place where gay people could meet other gay people, the young man ventured out and headed straight for forty-second street in hopes of finding others like him. What he encountered instead were older men who were willing to pay him money for sex and anonymous sex which could be found in "bookstores" and "peep shows."[37]

Gay and lesbian adolescents do not grow up in a supportive cultural environment that can act as a buffer against stigmatization. When gay or lesbian youngsters are called "fags," "homos," "dykes," or "lezzies," most have no one at home to help them maintain their self-esteem in the face of prejudice. Other minorities are not thrown out of their own homes for being what they are; gay and lesbian youngsters often are. They also face, uniquely, an erroneous belief that they can change their orientation.[38]

Gay and lesbian youth do not generally have supportive role models to help them bridge the gap from adolescence to maturity. Gay and lesbian adolescents do not generally have the benefit of older more experienced adults to acclimate them to the gay and lesbian world. These adolescents must explore their feelings and emotions alone. There is no community, no heritage that is passed on from generation to generation explaining the cause of their ostracism or teaching the necessary coping mechanisms. The experience is solitary and lonely. The resulting isolation is one of the causes of the high rates of suicide, substance abuse and clinical depression among the lesbian and gay adolescent population.

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[37] Mallon.

[38] Child Welfare, Vol. LXXI, No. 6, Nov-Dec. 1992, Mallon.

C. DENIAL

Because of the consequences of identifying with the lesbian and gay community, many young people choose to hide their true orientation. To protect themselves they hide the truth from friends and family. But the very act of hiding causes severe psychological stress that can become completely overwhelming. To hide a basic component of human nature is an extraordinarily difficult task.

Damien Martin wrote, "the socialization of the gay adolescent becomes a process of deception at all levels. This strategy of deception distorts almost all relationships. The adolescent may develop and maintain a sense of isolation." He noted:

> "One major aspect of this sense of isolation is the "ever-present need to self monitor. Unconscious and automatic behaviors, especially those relating to gender, are brought to the forefront of conscious attention. The way one walks, stands, talks, holds the wrist or hands becomes possible sources of disclosure. Clothing must be carefully considered, not just because of style or group homogeneity, but for the possibility that it may give something away."

The stress associated with the constant need to deceive may lead many gay and lesbian adolescents to engage in high risk behaviors and as such are at risk for, among other things, depression, alcohol and substance abuse to anesthetize their feelings, pregnancies resulting from heterosexual experimentation, dropping out of school, sexually transmitted diseases, HIV infection, prostitution and suicide.[39]

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[39] Mallon.

D. LACK OF SUPPORT

Even though the gay and lesbian adolescent population faces serious problems, the problems are exacerbated by a lack of services or insensitive services. This population suffers from a lack of role models and is under-served by child welfare agencies, counseling services, and schools.

The lack of necessary services is a direct result of the lack of serious attention that gay and lesbian adolescents have received from the professional world. One of the most salient aspects of a review of the literature on adolescent homosexuality in child welfare is the paucity of literature. A literature search of Social Work Research and Abstracts from 1979 - 1993 revealed a small number of articles about gay and lesbian youth and only five articles which specifically address the issues pertaining to youth in out-of-home care settings.[40] The majority of documentation that does exist investigates the experiences of gay males. Studies on lesbians in child welfare are noticeably absent, with the exception of one article which is the only article that addresses the issues from an exclusively lesbian perspective.[41]

Even when programs attempt to provide services, the lack of education and training of the professional staff frequently causes less than optimal results. The issues of lack of access to social services which are gay-affirming and professional staff's inability to address the needs of gay and lesbian adolescents are largely due to a lack of training and sensitivity. Many have written about the need for development of gay-affirming social services and the need for professional staff to become more comfortable dealing with issues of homosexual orientation through training and familiarization with accurate and adequate information.[42]

The critical lack of training was underlined by Donald M. Isaac, Ph.D. a Worcester psychologist who testified before the Commission about the suicide of an openly gay student.

> ***"As with many of my colleagues, I had no training in this aspect of suicidal behavior. I did not hear about this in conferences I attended, in my training and supervision and certainly not in the classes I attended."***

Often when skills training workshops focusing on working with the gay and lesbian adolescent are offered at child welfare conferences, they are poorly attended, because either professionals are too threatened to attend or because they feel that they do not have any gay or lesbian youngsters

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[40] Steinhorn, 1979; Mallon, 1992a; Mallon, 1992d; Mallon, 1993a, 1993b.

[41] Steinhorn, 1989.

[42] Dulaney & Kelly, (1982); Hidalgo, Peterson & Woodman, (1985); Mercier & Berger, (1989); Needham, (1977); Scheider & Tremble, (1986); Schneider (1988); Whitlock (1989).

in their agencies.[43] The effect of this lack of training can be devastating to gay and lesbian youth:

> ***"When I did try to confide in a counselor at school, she did nothing but screw up my life. Basically, she went back to my parents and told them all the things I had been saying."***— Troix Bettencourt, 17, testifying at the Public Hearings.

The lack of knowledge has led to a lack of training and a lack of services. The lesbian and gay adolescent population suffers from a critical deprivation of services needed to remedy the problems they face. **The lack of services has become a cause of the problems.**

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[43] Mallon.

SECTION III.

RECOMMENDATIONS

RECOMMENDATIONS

I. TRAINING AND EDUCATION ABOUT THE PROBLEMS AND HEALTH RISKS FACING GAY AND LESBIAN YOUTH

The Commission urges the Secretary of the Executive Office of Health and Human Services and all state agencies to develop a plan to address and implement the following recommendations:

1. The Commission strongly supports the creation of a statewide education program to train youth serving professionals to prevent suicide and suicide risk among gay and lesbian youth. This education program would include workshops, seminars, and conferences on how to counsel and prevent suicide and suicide attempts among these youth. All youth serving agencies should provide in-service training to their staff on the problems and health risks facing gay and lesbian youth.

2. All RFPs issued by the state concerning youth should be amended to mandate that youth serving agencies and individuals demonstrate how they are addressing or will address the needs of gay and lesbian youth.

3. The Commission recommends that as a condition of licensure for agencies or individuals, the agencies or individuals must demonstrate that they have had training in gay and lesbian youth issues.

4. The Commission recommends that sensitivity training about gay and lesbian youth issues should be provided to all foster parents, guardians, and half way house personnel.

5. The Commission recommends that all peer leaders and adults educating youth about health issues include the concerns of gay and lesbian youth in their presentations and trainings. Trainings should include "Sexual Orientation and the Coming Out Process", and all trainings should include same sex examples.

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RECOMMENDATIONS: TRAINING AND EDUCATION

6. The Commission strongly recommends training and education of all youth, as it relates to gay and lesbian youth, about: gender identity and sexual orientation, the "coming out" process, HIV infection, AIDS, hepatitis B and other Sexually Transmitted Diseases. These trainings would utilize homosexual examples so that gay and lesbian youth are included in the learning process.

7. The Commission strongly supports the promotion of research studies to determine (1) the reasons for the high rate of multiple placements of gay and lesbian youth in out-of-home care, and the specific health and emotional needs of gay and lesbian youth served by child welfare agencies, (2) how to address the needs and improve the lives of throwaway, runaway and street working gay and lesbian youth, (3) methods of education about and prevention of HIV and AIDS among gay and lesbian youth, (4) why violence against gay and lesbian youth by family and peers exists and methods of addressing that violence in a way that does not blame the gay or lesbian victims, and, most importantly, (5) how to recognize risk factors for suicide by gay and lesbian youth and provide support services for those youth to prevent suicide and suicide attempts. This research would also include studies which would identify factors that have resulted in healthy models of development of identity among gay and lesbian youth. Results from the research would be incorporated into developing programs that serve the youth population.

8. The Commission recommends that the Department of Education distribute information about the health problems of gay and lesbian youth as well as counseling and support services for these youth throughout the Commonwealth's school systems.

II. POLICIES PROTECTING THE RIGHTS, SAFETY AND HEALTH OF GAY AND LESBIAN YOUTH

The Commission urges the Secretary of EOHHS and all state agencies that provide services to youth in their work through contracts and with private agencies to endorse and implement the following recommendations:

1. The Commission recommends the addition of "sexual orientation" to nondiscrimination policies, by-laws, recruitment policies, client admissions, and program descriptions and the assurance that all policies and practices are supportive and inclusive of the needs of gay and lesbian youth.

2. The Commission urges that policies should be non-discriminatory in terms of same sex behavior. Administrative policy should properly define the boundaries for permissible behaviors between staff members and all youth in care, including such behaviors as: abuse, name calling, violence, physical expressions of affection and sexual relationships.

3. The Commission strongly recommends that policies shall properly place responsibility for name calling, abuse and violence on the assailant, whether that assailant is staff or client. Corrective discipline, counseling and education shall be provided to the assailants. Victims of such attacks shall receive effective counseling and support. Victims should never be asked or forced to leave a program because the program claims it cannot protect them.

4. The Commission recommends that policies support and protect the rights of gender non-conforming youth.

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III. SERVICE PROGRAMS TO ADDRESS THE HEALTH CONCERNS OF GAY AND LESBIAN YOUTH

These recommendations are addressed to public and private agencies that serve youth in Massachusetts:

1. The Commission recommends that state agencies provide support for gay and lesbian youth in the form of the peer leadership community-based groups so that gay and lesbian youth have the opportunity to socialize in a healthy and affirming environment. These groups would provide ongoing direct support systems, access to appropriate services, information, increased communication with family, peer support, and safe, confidential space for youth in a healthy, supportive environment. State agencies would provide funding of gay and lesbian youth-specific support groups.

2. The Commission recommends that the following youth serving agencies expand their services to include gay and lesbian youth:

   A. Support groups and programs that prevent youth from abusing substances to escape such feelings as loneliness, fear and self-hatred.

   B. Statewide 24 hour suicide hotlines. Hotlines should be able to handle, among other issues, desertion by family and friends, substance abuse, runaway youth, and loss of a friend/family member to suicide.

   C. Treatment centers which provide both physical and emotional services. These treatment centers should be able to address the needs of gay and lesbian youth suffering from violence against them, and these services should be able to address and prevent suicide and suicide attempts among gay and lesbian youth and provide both group and personal counseling for them. Information about the treatment centers should be made available to gay and lesbian youth.

   D. Violence victim support groups which provide counseling services to youth should be developed on a statewide basis. All health facilities that serve youth, especially those that provide emergency care, should be mandated through the RFP process to provide 24 hour violence counseling services that specifically address the needs of gay and lesbian youth.

3. The Commission recommends that programs be designed within existing youth service groups to provide counseling to gay and lesbian youth who are homeless, street youth or prostitutes to prepare them to leave the streets and live positive, fulfilling lives.

IV. RECOMMENDATIONS REGARDING PROFESSIONAL ORGANIZATIONS

1. The Commission urges that the following organizations endorse these recommendations and develop a plan to implement them in their organizational policies and procedures: the Massachusetts Medical Society, the Massachusetts Psychiatric Society, the Massachusetts Association of Social Workers, the Massachusetts Psychological Society, the American Medical Association, the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry, the American Psychological Association, the National Association of Social Workers, the American Academy of Pediatrics.

2. The Commission recommends that professional organizations revise their policies, trainings, and licensure and certification standards to require that their members can meet the needs of gay and lesbian youth in service provision.

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APPENDIX

THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE DEPARTMENT

STATE HOUSE • BOSTON 02133

WILLIAM F. WELD
GOVERNOR

JOHN PAUL CELLUCCI
LIEUTENANT GOVERNOR

BY HIS EXCELLENCY

WILLIAM F. WELD
GOVERNOR

EXECUTIVE ORDER NO. 325

GOVERNOR'S COMMISSION ON GAY AND LESBIAN YOUTH

WHEREAS, this Administration is committed to protecting the physical, emotional, and psychological health and well-being of all young people in the Commonwealth; and

WHEREAS, the U.S. Department of Health and Human Services, in its 1989 "Report of the Secretary's Task Force on Youth Suicide", estimates that 30% of completed youth suicides annually are by gay and lesbian youth; and

WHEREAS, the same report states that suicide is the leading cause of death for gay and lesbian youth; and

WHEREAS, the 1989 Report estimates that 26% of young gays and lesbians are forced to leave home because of conflicts over their sexual identity and that gay and lesbian youth form a large component of the homeless youth population; and

WHEREAS, this Administration is committed to abolishing harassment, violence, and discrimination against young people because of their real or perceived sexual orientation; and

WHEREAS, Massachusetts has been and continues to be in the forefront of the national movement to end discrimination and prejudice directed at gays and lesbians; and

WHEREAS, many of the problems facing gay and lesbian youth are within the purview of state government and can be corrected by promulgation of information, training and the implementation and diffusion of formal guidelines and state policy; and

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WHEREAS, the health of the Commonwealth is served by strengthening the physical and emotional health of both individuals and their families;

NOW, THEREFORE, I, William F. Weld, Governor of the Commonwealth of Massachusetts, by virtue of the authority vested in me as Supreme Executive Magistrate, do hereby create the Governor's Commission on Gay and Lesbian Youth and order as follows:

1. The Commission shall consist of at least sixteen (16) members who shall serve without compensation. The Governor shall designate the chair of the Commission. The membership of the Commission shall include at least one parent of a gay or lesbian person; one high school student; one college student; one representative from an educational institution; and one representative of the mental health profession.

2. The Commission shall meet on a quarterly basis with the Secretary of Education, Secretary of Health and Human Services, Public Health Commissioner and the Secretary of Communities and Development or their designees and shall advise the Executive Office of Health and Human Services on an ongoing basis.

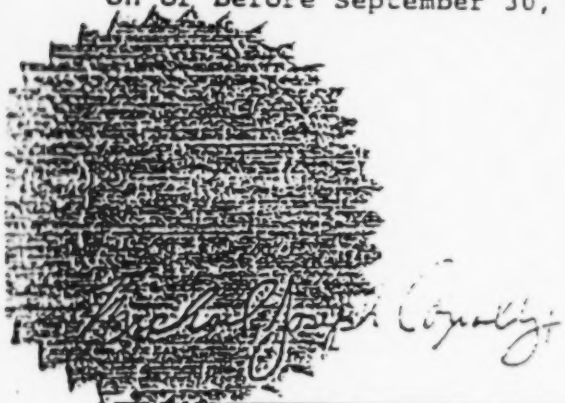
3. The Commission shall investigate the utilization of resources from both the public and private sectors to enhance and improve the ability of state agencies to provide services to gay and lesbian youth.

4. The Commission shall report to the Governor and make recommendations to the Governor relating to the concerns of gay and lesbian youth. The report shall be filed with the Governor on or before September 30, 1992.

Given at the Executive Chamber in Boston this 10th day of February in the year of our Lord one thousand nine hundred and ninety-two.

William F. Weld

William F. Weld, Governor
Commonwealth of Massachusetts



Michael Joseph Connolly
Secretary of the Commonwealth

GOD SAVE THE COMMONWEALTH OF MASSACHUSETTS

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MEMBERS OF THE GOVERNOR'S COMMISSION ON GAY AND LESBIAN YOUTH - FALL 1994:

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Jerry Cheney, Worcester: Human Services Committee Co-Chair
Steve Johnson, Boston: Human Services Committee Co-Chair
Sterling Stowell, Cambridge: Human Services Committee Co-Chair
Jessica Byers, Cambridge: Education Committee Co-Chair
Al Ferreira, Leominster: Education Committee Co-Chair
Doris Held, Cambridge: Education Committee Co-Chair
Kevin Jennings, Cambridge: Education Committee Co-Chair

The Reverend Stewart Barns, Cambridge
Troix Bettencourt, Jamaica Plain
Bill Conley, Wilbraham
Harold Dufour-Anderson, Cambridge
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Vincent McCarthy, Boston: Human Services Committee Co-Chair
Doris Held, Cambridge: Human Services Committee Co-Chair
Peter Kassel, Jamaica Plain: Human Services Committee Co-Chair
Donna Gilbert, Brookline: Education Committee Co-Chair
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Tim Kelly, Bridgewater: Youth Committee Co-Chair

Bill Conley, Wilbraham
Charles Connors, Jamaica Plain
Holly Gunner, Newton
Donald Heller, Somerville
Lisa Lessard, Boston

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